PRINTED: 09/30/2008 FORM APPROVED

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
NVS3869HIC				B. WING		08/26/2008			
NAME OF PROVIDER OR SUPPLIER STRE				T ADDRESS, CITY, STATE, ZIP CODE					
A CADING DI ACE			3732 LONE LAS VEGAS	DNE MESA GAS, NV 89160					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATION			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE		
H 000	Initial Comment		H 000						
	This Statement of Deficiencies was generated as a result of a State Licensure survey and Complaint Investigation conducted in your facility on 8/26/08. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999.								
	Complaint # NV00014 See Tags H018 and H	4948 was substantiated H019.	I.						
H 011	Director Duties-Needs Assessment			H 011					
	NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 2. Ensure that the needs of each resident of the home are assessed upon admission of the resident to the home, and that the assessment is updated as the needs of the resident change.								
	Based on interview ar	ot met as evidenced by: nd record review on 8/2 sidents were not asses e facility.	26/08,						
	Findings include:								
	assessment had been	assessment in each ector indicated that no ronducted for Reside nadmission to the facili	nt #						
H 018	Director Duties-BLC,	DAS Phone Numbers		H 018					
	NAC 449.15523 Director of a home	ctor: Duties. (NRS 449. le shall:	249)						

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

PRINTED: 09/30/2008 FORM APPROVED Bureau of Licensure and Certification STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS3869HIC 08/26/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3732 LONE MESA A CARING PLACE LAS VEGAS, NV 89160 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) H 018 Continued From page 1 H 018 3. Ensure that the residents of the home: (b) Receive: (4) The names of, and the telephone numbers for the registration of complaints with the bureau and the aging services division of the department of human resources. This Regulation is not met as evidenced by: Based on observation, interview and record review on 8/26/08, the director did not ensure that the names and telephone numbers for registration of complaints with the Bureau of Licensure and Certification (BLC) and the Division for Aging Services (DAS) were made available to the residents. Findings include: The phone numbers for the BLC and DAS were not available to the residents and were not posted in the facility. H 019 Director Duties-Qualified Caregiver H₀₁₉ NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 4. Ensure that a caregiver, who is capable of meeting the needs of the residents and has been

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trained in first aid, and cardiopulmonary resuscitation, is on the premises of the home at

This Regulation is not met as evidenced by: Based on record review and interview on 8/26/08, the director did not ensure that 2 of 3 caregivers had received current training in cardiopulmonary resuscitation (CPR) and first

all times when a resident is present.

aid.

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		(X1) PROVIDER/SUPPLIER/G IDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION A. BUILDING D. WING		(X3) DATE SURVEY COMPLETED			
NVS3869HIC				B. WING		08/26/2008			
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE				
A CARING PLACE				LONE MESA /EGAS, NV 89160					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATI			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
H 019	Continued From page	2		H 019					
	Findings include:								
	The files for Employe evidence the employe CPR training.								
H 040	NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 1. Enter into a written agreement with each resident of the home that sets forth the basic rate for the services of the home and the charges for any optional services. This Regulation is not met as evidenced by: Based on record review on 8/26/08, the facility did not have a rate agreement that set forth the basic rate for the services of the home and the charges for any optional services for 2 of 2 residents.			H 040					
	Findings include:								
	The facility director did not have a rate agreement to review for Resident #1 or #2.		ement						
H 044	Records of Residents-Copy Needs Assessment			H 044					
	home and resident comaintenance of recor 449.249) The operator of a hom 2. Maintain a separate	C 449.15527 Agreement between operator ne and resident concerning rates; ntenance of records of residents. (NRS .249) operator of a home shall: laintain a separate, organized file for each dent of the home and retain the file for 5							

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

The files for Resident #1 and Resident #2 were reviewed. The files did not contain an ultimate user agreement signed by the resident or a representative of the resident authorizing the facility to administer medications to the resident.